2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000107934

Entity Name: ROCHESTERS STATUARY, INC.

FILED May 17, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cullent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

17729 SE 88TH COVINGTON CIRCLE 16270 SE 92ND TERRACE THE VILLAGES, FL 32162 SUMMERFIELD, FL 34491

Current Mailing Address: New Mailing Address:

17729 SE 88TH COVINGTON CIRCLE16270 SE 92ND TERRACETHE VILLAGES, FL 32162SUMMERFIELD, FL 34491

FEI Number: 20-1421060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAISTER, BILLY
17729 SE 88TH COVINGTON CIRCLE
THE VILLAGES, FL 32162 US
WAISTER, BILLY
16270 SE 92ND TERRACE
SUMMERFIELD, FL 34491 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: WAISTER, BILLY Name: WAISTER, BILLY

 Address:
 17729 SE 88TH COVINGTON CIRCLE
 Address:
 16270 SE 92ND TERRACE

 City-St-Zip:
 THE VILLAGES, FL 32162
 City-St-Zip:
 SUMMERFIELD, FL 34491

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 NORDMAN, JOHN
 Name:
 WAISTER, MELANIE

 Address:
 17729 SE 88TH COVINGTON CIRCLE
 Address:
 16270 SE 92ND TERRACE

 City-St-Zip:
 THE VILLAGES, FL 32162
 City-St-Zip:
 SUMMERFIELD, FL 34491

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 NORDMAN, CAROL A
 Name:

 Address:
 17729 SE 88TH COVINGTON CIRCLE
 Address:

 City-St-Zip:
 THE VILLAGES, FL 32162
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY WAISTER P 05/17/2005